

## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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 21874 7590 07/08/2008

EDWARDS ANGELL PALMER & DODGE LLP  
 P.O. Box 55874  
 Boston, Massachusetts 02205



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Edith Sillman	(Depositor's name)
<i>Edith Sillman</i>	(Signature)
July 21, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/623,200	July 18, 2003	Thomas P. Osypka	58952(49363)	2841

TITLE OF INVENTION: IMPLANTABLE CARDIAC LEAD HAVING REMOVABLE FLUID DELIVERY PORT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Patent	Yes	\$720.00	\$300.00	\$1,020.00	October 8, 2008

EXAMINER	ART UNIT	CLASS-SUBCLASS	07/23/2008 HGBREH2 00000003 041105 10623200
T. K. Heller	3766	607-001000	01 FC:2501 720-02-00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.  
**Use of a Customer Number is required.**

2. For printing on the patent front page, list:  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Scott D. Wofsy  
 Edwards Angell Palmer & Dodge LLP

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

OSCOR INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Palm Harbor, Florida

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1105 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature \_\_\_\_\_  
 Typed or printed name Scott D. Wofsy

Date July 21, 2008  
 Registration No. 35,413

## PART B - FEE(S) TRANSMITTAL

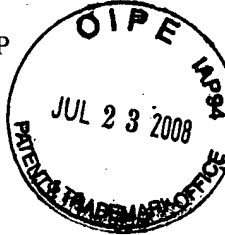
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*Edith Sillman* (Signature)

July 21, 2008 (Date)

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Scott D. Wofsy  
 Edwards Angell Palmer & Dodge LLP

2 \_\_\_\_\_  
 3 \_\_\_\_\_

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Authorized Signature \_\_\_\_\_  
 Typed or printed name Scott D. Wofsy

Date July 21, 2008  
 Registration No. 35,413



Application No. (if known): 10/623,200

Attorney Docket No.: 58952(49363)

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Date

Edith Sillman  
Signature

Edith Sillman

Typed or printed name of person signing Certificate

Registration Number, if applicable

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Telephone Number

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